

Swim Meet for Adults!

Date
Sunday
January 24th
2016

Location
Centennial Pool
1201 Alpine St.

Cost
**Early Bird \$20
**Ends @ 5PM 1/22/16
Day of Meet \$25

How to Register?

Mail or Walk-In:
Centennial Pool
1201 Alpine St.

Phone Number:
(303) 651-8406

Order of Events

1-500 Free- 8:15am Start
2- 200 IM- 9:15am Start
3- 100 Back
4- 200 Free
5- 200 Medley Relay
6- 50 Breast
7- 100 IM
8- 50 Back
9- 100 Free
10- 50 Fly
11- 100 Breast
12- 50 Free
13- 200 Free Relay

Day of Time Line

Day of Registration

7am-7:45am

& Check-In

7am-8:30am

Please Note:

Racers swimming the 500 Freestyle must be checked in by 7:45am.

7am-8:15am

Warm-Ups: All Lanes

8:15am

1st heat of 500 Free-Style

8:15-9:15am

Only Diving Well
available for warm-ups

9:15am or

after last 500 Heat

10 minute warm-up after

500 ends

Meet begins with



Meet Details

Both USMS & non-USMS are welcome

Please submit estimated swim times for events

Heats will be created by estimated swim times

Can swim up to 5 individual events plus 2 relays

Relays will be formed on day of race- please sign up on deck.

Diving-well will be available for warm-up/cool down through-out the meet

Results will be available on the City of Longmont's website



City of Longmont's Winter Sprinter Entry Form

Swim Meet for Adults!

Name: _____

Male Female Age: _____ (The age you will be on 01/24/16)

Birth Date: _____ Email: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Entry Fee Enclosed: ☐ \$20 Pre-Register ☐ \$25 Day of Race

Payment: ☐ Cash ☐ Check ☐ Charge (Visa/MC/Discover/AMEX)

Centennial Pool Staff will call for Credit Card #- please double check phone number!

Events 25 Yard Pool

Yards	Free-style (Estimated Time)
50	: .
100	: .
200	: .
500	: .

Yards	Back-stroke (Estimated Time)
50	: .
100	: .

Yards	Breast-stroke (Estimated Time)
50	: .
100	: .
Yards	Butterfly (Estimated Time)
50	: .
Yards	I.M. (Estimated Time)
100	: .
200	: .

Five Individual Events Max

Please read and accept the liability/release waivers below:

ADULT RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT

I understand that there are certain risks involved with participating in the City of Longmont activity identified above. I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS THE CITY OF LONGMONT, AND ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS, AND EMPLOYEES, from any and every claim, demand or action of any kind arising due to bodily injury, illness, death and/or property damage resulting from any incident which may occur to me as a result of participating in the City's activities. This RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT does not apply if such injury, death or damage is caused by the willful or reckless actions or gross negligence of the City of Longmont, or its officers, agents, volunteers, assistants or employees.

MINOR CHILD RELEASE, LIABILITY WAIVER AND HOLD HARMLESS

I understand that there are certain risks involved with participating in the City of Longmont activity identified above. On behalf of my minor child identified below, I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS THE CITY OF LONGMONT, ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS, AND EMPLOYEES, from any and every claim, demand or action of any kind arising due to bodily injury, illness, death and/or property damage resulting from any incident which may occur to my minor child as a result of my minor child's participating in the City's activities. This RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT does not apply if such injury, death or damage is caused by the willful, reckless or gross negligence of the City of Longmont, its officers, agents, volunteers, assistants or employees.

EMERGENCY MEDICAL AUTHORIZATION:

In the event of injury or illness, I give permission to the City of Longmont and its employees and volunteers to obtain emergency medical treatment for me and/or my child(ren)/ward(s). I agree to pay all reasonable ex-penses for medical and related treatment obtained for me and/or my child(ren)/ward(s) and further agree that the City of Longmont is not liable for payment of such expenses.

PHOTOGRAPH RELEASE

I permit the City of Longmont to take and use photographs of me and/or my child/ward for the purpose of promoting City of Longmont programs and activities. This includes permission to publish photographs of me and/or my child/ward for such purpose. I understand that such photographs of me and/or my child/ward remain the property of the City of Longmont.

Signature of Participant

Date

Call with any questions! Centennial Pool 303-651-8406